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COMPANY: PTO
FROM: Laura Crater for Eamon Wall
PAGE(S) with cover: 14

ORIGINAL TO FOLLOW? YES NO

MESSAGE: Per conversation with Examiner Callahan, true copies of submitted but not processed POWER OF ATTORNEY/CHANGE OF CORRESPONDENCE ADDRESS and response to July 15, 2003 Action are attached.

PLEASE PROCESS AND DELIVER TO EXAMINER CALLAHAN.

Thank you.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE	
PATENT APPLICATION	
Application:	Valente
Case:	1186/APP2003
Serial No.:	09/380,274
Examiner:	P. Dahlman
Title:	HIERARCHICAL OPEN SECURITY INFORMATION DELEGATION AND ACQUISITION
POWER OF ATTORNEY CHANGED CORRESPONDENCE ADDRESS	
COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450	
SIR:	
As Assignee of record (assignment Inventor to Network Computer, Inc. recorded on October 12, 1998 at Record/Trans. 012028/077) the change of name of recorded on October 12, 1998 at Record/Trans. 012028/077 to Liberata Technologies recorded on October 12, Network Computer, Inc. to Liberata Technologies recorded on October 12, 1998 at Record/Trans. 012028/077 of the entire interest in the above-identified patent application, all powers of attorney previously given are hereby revoked and the following attorney and agents are hereby appointed to prosecute and transact all business in the United States Patent & Trademark Office connected therewith.	
Attorney Name(s); Attorneys and/or Agents of CUSTOMER #22,291 Please send all correspondence to: CUSTOMER #22,291 MOSER, PATTERSON & SHERIDAN, LLP 100 Shrewsbury Avenue Suite 100 Shrewsbury, New Jersey 07703 Attorneys: Edward J. Wall	
Telephone calls should be made to Edward J. Wall at	

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TO: Commissioner of Patents

FAX NO.: 703-746-7239

FROM: RAMON L. WALL

DATE: August 15, 2003

MATTER: Serial No. 09/330,274 Filed: 6/11/99

DOCKET NO.: LIBE0013

APPLICANT: Luis Valen

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TO: Commissioner of PatentsFAX NO.: 703-746-7239FROM: EMON J. WALLDATE: August 15, 2003MATTER: Serial No. 09/330,274 Filed: 6/11/99DOCKET NO.: LIBE0013APPLICANT: Luis Valent

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Service No. 09/330,274CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, Alexandria VA 22313-1450 on August 15, 2003, Facsimile No. 703-746-7239.Alberta Gamble
Name of person signing this certificateAlberta Gamble 8/15/2003
Signature and date

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TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number	09/330,274
		Filing Date	June 11, 1999
		First Named Inventor	Luis Valente
		Group Art Unit	2234
		Examiner Name	Paul E. Callahan
Total Number of Pages in This Submission		Attorney Docket Number	LIBE0013

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request - 1 mo. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s)(10 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Certificate of Facsimile Transmission
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Firm or Individual name	Eamon J. Wall, Reg. No. 38,414
Signature	
Date	August 15, 2003

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